ISSUE SLIP S	TAPLE AREA (for	additional cross re	eferences) 7//6/0/
POSITION	INITIALS	ID NO.	DATE
		•	
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		6	6-26-01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## **INDEX OF CLAIMS**

~	Rejected	N	Non-elected
=	Allowed	F	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

	<del>;</del>	Restricted	0	Objected	
Claim	Date	Claim	Date	Claim	Date
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Final Final Optional		Final Original		Final Original	
1		51 6		101	
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( B		53//		103	
, #		54		104	
5		55		105	
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		57		107	
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10	<del></del>	60		110	
1-1-16	<del> - - - - - - - - -</del>	61 2		112	
12 13	<del></del>	63		113	
14		64	<del></del>	114	
15		65	<del></del>	115	
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17		67		117	
18		68		118	
119		69		119	
20		70 //		120	
		71 //		121	
22		72 (/		122	
21 22 23 24 26		73		123	
24		74		124	
1		75		125	
26		76 1		126	
2	<del>}                                    </del>	77	<del></del>	127	<del>       </del>
28 29	<del></del>	(B) (79)		128 129	
1 2	<del> </del>	80	<del></del>	130	
30 31		81	<del></del>	131	<del>                                     </del>
3		82	<del></del>	132	
32 33 34		83		133	<del>                                      </del>
34		84		134	
35		85		135	
36 ( 37		86		136	
<b>6</b> 37		87		137	
38		88		138	
39		89		139	
40		90		140	
41		91		141	
41 42 48 445 45 47		92	<del>                                      </del>	142	
48	A A	93		143	
1 A 44		94		144	-+-
45		95	<del></del>	145	
4B	<del>├─┼─┤─┤</del> <del>┤</del>	96	<del>                                     </del>	146	<del>_                                    </del>
14/	<del>                                      </del>	97	<del></del>	147	<del>-                                      </del>
48	<del>┟╶╏╌┞╸┞╸┞╸┞</del> ╶┞	99	<del></del>	149	┍═╅═╅╌╂═╂╌╂┈╂
50		100	<del></del>	150	<del></del>
L NOV	<del></del>			1,30	

If more than 150 claims or 10 actions staple additional sheet here